

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, February 17, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Director Emilie N. Junge (substitute Member) (2)

Mr. Patrick T. Driscoll, Jr. and Patricia Merryweather (non-Director Members)

Present

Telephonically: Board Chairman M. Hill Hammock and Director Wayne M. Lerner, DPH, LFACHE

Absent: Director Erica E. Marsh, MD, MSCI (1)

Director Junge, seconded by Chairman Gugenheim, moved to allow Board Chairman Hammock and Director Lerner to participate in the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer

Deborah Santana – Secretary to the Board

Aaron Hamb, MD – Provident Hospital of Cook County

John Jay Shannon, MD –Chief Executive Officer

Randolph Johnston – System Associate General Counsel

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Krishna Das, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. She stated that there are no new items of note; she mentioned that, as noted on the slide regarding the accreditation timetable in her presentation, Stroger Hospital is up for its next full accreditation survey by The Joint Commission anytime between now and November.

Additionally, Dr. Das noted that there was an unannounced survey at Stroger Hospital by representatives from the Illinois Department of Public Health approximately one month ago. The survey was based on a patient complaint. Following their investigation, they found the hospital in full compliance, and meeting all of the Conditions of Participation required by the Centers for Medicare and Medicaid Services. She added that the surveyors found some process issues that should be addressed, but none of those violated the Conditions of Participation.

III. Report from System Chief Quality Officer (continued)

B. Metrics (Attachment #1)

Dr. Das provided an overview of the presentation, which contained information on the timetable for accreditations, proposed future Committee and Board presentation topics and metrics. The Committee reviewed and discussed the information.

With regard to the information on proposed future presentations on slide 3, Mr. Driscoll suggested that there could be a monthly focus at the Committee on the various institutions within the System, such as Cermak Health Services and the Cook County Department of Public Health (CCDPH).

Ms. Merryweather noted the relationships between some of the topics, such as that between Value-Based Purchasing (VBP) and Readmissions. She expressed concern that those related topics are staggered, with so much time in between the presentations; by the time the presentation on Readmissions is presented in November, because it is historical data, it seems like there is no movement ahead.

Board Chairman Hammock provided an overview of the plan for in-depth, quarterly presentations to the Board (as listed in the left column of slide 3). The plan is to give 20-30 minutes in the Board Meeting for those topics on a quarterly basis; he noted that the Committee need not put off until August dealing with VBP or Readmissions in November, but he did not think that the Board will have the time to spend an extensive period of time every month on various quality issues. At every Board Meeting, he has asked Chairman Gugenheim to make a report on what the Committee covered that month, regarding both metrics and the topics listed in the column on the right, which should just be summary in nature; with regard to the topics on the left, the Board is going to get more of an education with more in-depth information.

Director Lerner suggested that there is a way of grouping this that makes a little more sense and tries to streamline the presentation to a great extent. VBP and Readmissions are both quality initiatives, as well as cost management initiatives, so one could look at the relationship between those two and see if there is a way of collapsing that. Additionally, Capacity Management and Operating Room (OR) Initiatives could also be looked at as cost management initiatives; each one of these has a relationship to quality, so one can link cost to quality or revenue to quality. He believes that Meaningful Use is a very difficult subject to present in conjunction with something else; it is an information technology-driven issue that has an impact to cost for the whole System - this may be something that should remain as a standalone topic. With regard to the topic of Magnet and Baldrige designations, he thinks these could be potential game-changers for the whole System, and is something that deserves a standalone conversation of 10 minutes or so.

Chairman Gugenheim clarified Director Lerner's recommendations: he is in agreement with February and May's topics; he is suggesting to collapse the August and November topics into one presentation and use the November slot for another subject. Director Lerner responded affirmatively.

Director Lerner stated that there is a lot to be done; the overarching question that the Board presentations should address is: what are the things that are going to help to accelerate the change process at the System? The listings on the left do that, and there is a way of logically grouping them so the Board has a broader understanding of, for example, OR management and the overall cost structure, and the impact that might have on VBP as a potential high-cost provider in a system.

Dr. John Jay Shannon, Chief Executive Officer, provided additional comments. He stated that, as the organization improves its ability to collect and share the information on an ongoing basis, one other way some organizations have chosen to share information with their Board is to supply ongoing reports in an informational sense, but not to highlight them. That way, if a Board or Committee member says they would like to know what

III. Report from System Chief Quality Officer

B. Metrics (continued)

the patient satisfaction score was last quarter, even though that is not on the calendar to talk about again until some time in the future, they have the comfort of receiving that information without having to send a direct email or ask a focused kind of question. This is something that he and Dr. Das could talk about, regarding whether something like this can be practically developed.

Dr. Shannon noted that there is going to be a dynamic that will suggest that there may be a need to change something up in the schedule from time to time; for example, CCDPH may be in the queue for August, but if something comes up topically, it may make sense to pull it forward for June.

Dr. Shannon stated that there is a difference in his mind in the presentation of quality overall in these different areas and the complicated nature of quality, financial performance and operational performance; many would roll that all up and say that is the quality of the System, whether one is referring to Cermak Health Services or cancer services, but there may be opportunities in some of these to use them as more of a general education to the Board. If any of the Board or Committee members have feedback or concerns that attention is not being paid to a particular subject or feel that something needs to be pulled forward, he recommended that they share those concerns and feedback. At the conclusion of the discussion on the subject, Dr. Das noted that a large number of the annual presentations to the Committee are regulatory requirements.

Dr. Das provided an overview of the information contained in the presentation regarding metrics. The Committee reviewed and discussed the information.

Director Lerner stated that the only change he would suggest is to slide 10; with regard to the listing of measures on the left, he recommended that those measures that are required by regulatory or other bodies to be presented be highlighted with an asterisk, as opposed to those measures that the staff or Board have chosen to monitor. That way the Board will know that there is a baseline of measures that always have to be monitored, and there is some flexibility to change some of the other measures going forward.

Board Chairman Hammock indicated that, because the proposed metrics for the Board contain a monthly composite of data for the measures, it would be helpful if the Committee presentation slides contain a cell at the bottom that reflects what will be shown to the Board. Additionally, he suggested that the data be rounded to whole numbers, which will make it easier to read.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, January 20, 2015

Director Junge, seconded by Chairman Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of January 20, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. **Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Director Lerner, seconded by Director Junge, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

- A. Reports from the Medical Staff Executive Committees**
i. Provident Hospital of Cook County
ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Aaron Hamb, of Provident Hospital of Cook County, indicated that Dr. Anwer Hussain, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, was not in attendance, but did not have a report to present at this time. A communication was received from Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, indicating that he did not have a report to present at this time.

VI. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
B. Litigation Matter(s)

The Committee did not recess the open meeting and convene in a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
February 17, 2015

ATTACHMENT #1

Quality and Patient Safety Committee CCHHS Board of Directors

Meeting 2/17/2015

Presented by: Krishna Das, MD, Chief Quality Officer

Accreditation Timetable

Location	Agency	2012	2013	2014	2015	2016	2017
Stroger	Joint Commission	Accredited 11/2012			Survey due by 11/2015		
ACHN	Joint Commission			Accredited 3/2014	PCMH Survey due 3/2015		Survey due by 3/2017
Provident	Joint Commission			Accredited 11/2014			Survey due by 11/2017
Stroger (Stroke)	Joint Commission	Certified 6/2012		Certified 6/2014		Survey due by 6/2016	
Stroger (Lab)	College of American Path	Accredited 10/2012		Accredited 11/2014		Survey due 9-11 / 2016	
Provident (Lab)	College of American Path		Accredited 8/2013		Survey due 8-10 / 2015		
Stroger (Cancer)	American Coll. Of Surgeons		Survey	Accredited		Survey due by 6/2016	
Stroger (Blood Bank)	FDA		Survey 2/2013		Survey due 1-5 / 2015		Survey due 1-5/2015
Stroger	PeriNatal Network			Accredited			Survey due 11/2017
Stroger	Burn Services			Accredited 12/2014			Survey due by 12/2017
System (Mammo)	Radiology-ACR		Accredited 4/2013			Survey due by 4/2016	
Stroger (Training)	GME		CLER survey	Prev Med Fellowship	Medicine 5/2015		ColoRectal 3/2017 ²

Future Presentations

PROPOSED

Quarterly to Board

- Joint Commission survey & PCMH survey preparation (2/2015)
- Patient Experience (5/2015)
- Value Based Purchasing (8/2015)
- Readmissions (11/2015)
- Capacity Management
- OR Initiatives
- Meaningful Use
- Magnet and Baldrige

Annual to QPS Committee

- GME
- Public Health
- Cermak
- CORE Center
- Stroke Program
- Burn and Trauma
- Infection Control
- Provident Quality Plan
- Stroger Quality Plan
- ACHN Quality Plan
- Safety Plan
- Nursing

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CCHHS QPS Committee Dashboard													CCHHS Board Metrics - Quality															
Data as of 02/10/2015			CY 2014												CY 2014												TARGET VARIANCE	
PERFORMANCE MEASURES			Q1 2014			Q2 2014			Q3 2014			Q4 2014			CY 2014						TARGET VARIANCE							
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TARGET VARIANCE			
Stroger																												
Core Measures																												
Venous Thromboembolism (VTE) (%)																												
	81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99	81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99%	-14.80%	
Stroke (%)																												
	71.4	62.5	73.3	74.6	94.2	95.2	95.0	96.9	95.7	97.1	93.3	91.4	100	71.4	62.5	73.3	74.6	94.2	95.2	95.0	96.9	95.7	97.1	93.3	91.4	100		
Immunizations (%)																												
	54.0	54.0	61.6	64	59	45	47	53	62	74.3	67.9	67.8	90	54.0	54.0	61.6	64	59	45	47	53	62	74.3	67.9	67.8	90		
Efficiency - Operating Room																												
On-Time Start (%)																												
	32	30	40	47	38	48	38	41	32	35	45	35	80	32	30	40	47	38	48	38	41	32	35	45	35	80	-45%	
Room Turn Around Time (minutes)																												
	50	50	47	48	52	49	51	48	54	57	54	50	35.0	50	50	47	48	52	49	51	48	54	57	54	50	35.0		
Safety																												
HAC: Pressure Ulcer Stages III & IV																												
	7.65	0.00	3.82	3.76	3.76	1.88	0.00	0.00	1.77	2.22	4.44	4.44		7.65	0.00	3.82	3.76	3.76	1.88	0.00	0.00	1.77	2.22	4.44	4.44			
Note: Adult discharges > 181 with LOS > 5 days per 1000 discharges																												
HAC: Falls with Injury																												
	0.54	0.98	0.88	0.00	0.41	0.69	0.66	1.00	0.29	0.15	0.30	0.00		0.54	0.98	0.88	0.00	0.41	0.69	0.66	1.00	0.29	0.15	0.30	0.00			
Note: All medication units and IVs/CCUs per 1000 patient-days																												
HAI: CLABSI SIR																												
	####	0.000	0.613	0.370	1.208	0.710	0.000	0.442	TBA	TBA	TBA	TBA		####	0.000	0.613	0.370	1.208	0.710	0.000	0.442	TBA	TBA	TBA	TBA			
Note: Eligible units include all units with an observed/laboratory confirmed																												
HAI: CAUTI SIR																												
	1.00	1.29	1.58	1.27	0.99	0.65	1.04	0.69	TBA	TBA	TBA	TBA		1.00	1.29	1.58	1.27	0.99	0.65	1.04	0.69	TBA	TBA	TBA	TBA			
Note: Eligible units include all units with an observed/laboratory confirmed																												
Patient Experience																												
Overall Rating of Hospital (% top box)																												
		54.8	62.6	60.2	60.7	69.2	66.0	65.2	66.1	73.0	61.3	75.0	85%		54.8	62.6	60.2	60.7	69.2	66	65.2	66.1	73	61.3	75	85%	-10%	
Communication with Doctors (% top box)																												
		75.3	86.5	82.2	77.2	78.0	82.7	90.3	81.6	82.8	75.5	82.9	88%		75.3	86.5	82.2	77.2	78.0	82.7	90.3	81.6	82.8	75.5	82.9	88%		
Communication with Nurses (% top box)																												
		62.9	64.3	69.2	60.0	69.7	69.2	71.7	65.1	73.4	63.0	71.8	86%		62.9	64.3	69.2	60.0	69.7	69.2	71.7	65.1	73.4	63.0	71.8	86%		
Cleanliness (% top box)																												
		40.2	46.4	54.1	43.7	50.8	51.3	55.3	47.8	60.7	39.1	51.3	77%		40.2	46.4	54.1	43.7	50.8	51.3	55.3	47.8	60.7	39.1	51.3	77%		
Provident																												
Core Measures																												
Venous Thromboembolism (VTE) (%)																												
	83.3	82.6	92.0	78.3	90.0	84.2	80.0	90.0	89.5	78.9	94.1	99.0		83.3	82.6	92.0	78.3	90.0	84.2	80.0	90.0	89.5	78.9	94.1	99.0			
Immunizations (%)																												
	69.4	94.1	82.4	62.9	80	82.4	63.6	76.7	62.1	65.1	65.1	90		69.4	94.1	82.4	62.9	80	82.4	63.6	76.7	62.1	65.1	65.1	90			
ACHN																												
Diabetes Control % with Hgb A1C < 9%																												
		75.6			79.4			77.0		77.7		78			75.6			79.4		77		77.7		78			78%	0%
Immunizations: Up to date in children at 24 months (%)																												
		87			87			57		68		86			87			87		57		68		86				
Patient Experience: Site Rating																												
		75			75			76		75		75			75			75		76		75		75				
Patient Experience: Moving Through Visit																												
		66			68			68		67		75			66			68		68		67		75			75%	-8%
Patient Experience: Telephone Access																												
		63			60			63		62		75			63			60		63		62		75%		62	75%	-13%

Core Measures/ Efficiency

CCHHS QPS Committee Dashboard														
Data as of 02/10/2015		CY 2014												
PERFORMANCE MEASURES		Q1 2014			Q2 2014			Q3 2014			Q4 2014			TARGET VARIANCE
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Stroger														
Core Measures														
Venous Thromboembolism (VTE) (%)		81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99
Stroke (%)		71.4	62.5	73.3	74.6	94.2	95.2	95.0	96.9	95.7	97.1	93.3	91.4	100
Immunizations (%)		54.0	54.0	61.6	64	59	45	47	53	62	74.3	67.9	67.8	90
Efficiency - Operating Room														
On-Time Start (%)		32	30	40	47	38	48	38	41	32	35	45	35	80
Room Turn Around Time (minutes)		50	50	47	48	52	49	51	48	54	57	54	50	35.0

Safety

STROGER HOSPITAL

CCHHS QPS Committee Dashboard													
Data as of 02/10/2015													
PERFORMANCE MEASURES													
	CY 2014												VARIANCE
	Q1 2014			Q2 2014			Q3 2014			Q4 2014			
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Safety													
HAC: Pressure Ulcer Stages III & IV <i>None: Adult discharges / > 187 with LOS > 5 days; per 1000 discharges</i>	7.65	0.00	3.82	3.76	3.76	1.88	0.00	0.00	1.77	2.22	4.44	4.44	
HAC: Falls with Injury <i>None: All medical units and ICU/ICUs; per 1000 patient-days</i>	0.54	0.98	0.88	0.00	0.41	0.69	0.66	1.00	0.29	0.15	0.30	0.00	
HAI: CLABSI SIR <i>None: Eligible units include all units with an observed laboratory confirmed</i>	####	0.000	0.613	0.370	1.208	0.710	0.000	0.442	TBA	TBA	TBA	TBA	
HAI: CAUTI SIR <i>None: Eligible units include all units with an observed laboratory confirmed</i>	1.00	1.29	1.58	1.27	0.99	0.65	1.04	0.69	TBA	TBA	TBA	TBA	

Patient Experience

STROGER HOSPITAL

CCHHS QPS Committee Dashboard															
Data as of 02/10/2015		CY 2014												TARGET	VARIANCE
PERFORMANCE MEASURES		Q1 2014			Q2 2014			Q3 2014			Q4 2014				
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Patient Experience															
Overall Rating of Hospital (% top box)			54.8	62.6	60.2	60.7	69.2	66.0	65.2	66.1	73.0	61.3	75.0	85%	
Communication with Doctors (% top box)			75.3	86.5	82.2	77.2	78.0	82.7	90.3	81.6	82.8	75.5	82.9	88%	
Communication with Nurses (% top box)			62.9	64.3	69.2	60.0	69.7	69.2	71.7	65.1	73.4	63.0	71.8	86%	
Cleanliness (% top box)			40.2	46.4	54.1	43.7	50.8	51.3	55.3	47.8	60.7	39.1	51.3	77%	

Provident Core Measures

CCHHS QPS Committee Dashboard													
Data as of 02/10/2015		CY 2014											
PERFORMANCE MEASURES		Q1 2014			Q2 2014			Q3 2014			Q4 2014		
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
		Provident											
Core Measures													
Venous Thromboembolism (VTE) (%)		83.3	82.6	92.0	78.3	90.0	84.2	80.0	90.0	89.5	78.9	94.1	99.0
Immunizations (%)		69.4	94.1	82.4	62.9	80	82.4	63.6	76.7	62.1	65.1	65.1	90

ACHN

CCHHS QPS Committee Dashboard															
Data as of 02/10/2015		CY 2014												TARGET	VARIANCE
PERFORMANCE MEASURES		Q1 2014			Q2 2014			Q3 2014			Q4 2014				
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
		ACHN													
Diabetes Control % with Hgb A1C < 9%		75.6			73.4			77.0			77.7			78	
Immunizations: Up to date in children at 24 months (%)		87			87			57			68			86	
Patient Experience: Site Rating		75			75			76						75	
Patient Experience: Moving Through Visit		66			68			68			67			75	
Patient Experience: Telephone Access		63			60			63			62			75	

CCHHS Board Metrics - Quality

PERFORMANCE MEASURES	CY 2014												TARGET	VARIANCE
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Core Measures	Monthly Composite													
Venous Thromboembolism (VTE) (%)	81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99%	-14.80%
Stroke (%)														
Immunizations (%)														
Efficiency - Operating Room	Monthly %													
On-Time Start (%)	32	30	40	47	38	48	38	41	32	35	45	35	80	-45%
Room Turn Around Time (minutes)														
Safety	Total # of Events													
HAC: Pressure Ulcer Stages III & IV <i>Note: Adult discharges > 181 with LOS > 5 days per 1000 discharges</i>														
HAC: Falls with Injury <i>Note: All medical units and ICUs/CCUs per 1000 patient-days</i>	15	11	15	7	12	10	9	10	TBA	TBA	TBA	TBA		
HAI: CLABSI SIR <i>Note: Eligible units include all units with an observed laboratory confirmed</i>														
HAI: CAUTI SIR <i>Note: Eligible units include all units with an observed laboratory confirmed</i>														
Patient Experience														
Overall Rating of Hospital (% top box)		54.8	62.6	60.2	60.7	69.2	66	65.2	66.1	73	61.3	75	85%	-10%
Communication with Doctors (% top box)														
Communication with Nurses (% top box)														
Cleanliness (% top box)														
Core Measures														
Venous Thromboembolism (VTE) (%)	59	68	86.8	52	62	83.9	54	64	84.4	54	64	84.4	99.0%	-4.3%
Immunizations (%)														
Diabetes Control % with Hgb A1C < 9%	75.6				73.4			77			77.7		78%	0%
Immunizations: Up to date in children at 24 months (%)														
Patient Experience: Site Rating														
Patient Experience: Moving Through Visit		66			68			68			67		75%	-8%
Patient Experience: Telephone Access		63			60			63			62		75%	-13%

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
February 17, 2015

ATTACHMENT #2

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle
President
Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer
Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Cook County Health & Hospitals System Board Members

M. Hill Hammock • Chairman
Commissioner Jerry Butler • Vice Chairman
Lewis Collens
Ric Estrada
Ada Mary Gugenheim
Emilie N. Junge
Wayne M. Lemer, DPH, FACHE
Erica E. Marsh, MD MSCI
Carmen Velasquez
Dorene P. Wiese, EdD

Ozuru O. Ukoha, MD
President,
Executive Medical Staff
John H. Stroger, Jr.
Hospital of Cook County

Date: February 13, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County, at its February 10, 2015 meeting, approved the attached list of medical staff action items for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Ozuru O. Ukoha".

Ozuru O. Ukoha, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Chinweze, Ebelechukwu Ebe, MD Appointment Effective:	Correctional Health Services/Psychiatry February 17, 2015 thru February 16, 2017	Active Physician
Kim, Kubinne, MD Appointment Effective:	Medicine/Dermatology February 17, 2015 thru February 16, 2017	Active Physician
Mahdavina, Mahbooh, MD Appointment Effective:	Pediatrics/Allergy & Immunology February 17, 2015 thru February 16, 2017	Voluntary Physician

INITIAL APPOINTMENT NON-PHYSICIAN APPLICATIONS

Clarke, Alexis, PhD Appointment Effective:	Correctional Health Services/Psychiatry/Psychology Juvenile Detention Center February 17, 2015 thru February 16, 2017	Psychologist
Miller, Nicole A., PA-C With Keen, Richard R, MD Alternate Farlow, Erin., MD Effective:	Surgery/Vascular Surgery February 17, 2015 thru February 16, 2017	Physician Assistant
Sillitti, Romita, PsyD Appointment Effective:	Correctional Health Services/Psychiatry/Psychology February 17, 2015 thru February 16, 2017	Psychologist

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Tymouch, Jaroslav, MD Reappointment Effective	Anesthesiology March 18, 2015 thru March 17, 2017	Active Physician
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Department of Correctional Health Services

Doyle, David, DPM Reappointment Effective:	Podiatry March 15, 2015 thru March 14, 2017	Active Podiatrist
Ramic, Alma., MD Reappointment Effective:	Psychiatry March 13, 2015 thru March 12, 2017	Active Physician

Department of Family Practice:

Lipkin, Julie, MD Reappointment Effective:	Family Medicine March 14, 2015 thru March 13, 2017	Voluntary Physician
Sweder, Thomas, MD Reappointment Effective:	Family Medicine March 17, 2015 thru March 16, 2017	Active Physician

Department of Medicine

Datta, Swati, S., DO Reappointment Effective:	General Medicine March 18, 2015 thru March 17, 2017	Active Physician
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Item IV(B) – February 17, 2015
CCHHS Quality and Patient Safety Committee

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 17, 2015

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications
Department of Medicine (continued)

Dworkin, Mark S., MD Reappointment Effective:	Infectious Diseases February 25, 2015 thru February 24, 2017	Consulting Physician
Hota, Bala N., MD Reappointment Effective:	Infectious Diseases February 17, 2015 thru February 16, 2017	Voluntary Physician
Kelly, Russell F., MD Reappointment Effective:	Adult Cardiology February 24, 2015 thru February 23, 2017	Active Physician
Krantz, Anne J., MD Reappointment Effective:	General Medicine March 18, 2015 thru March 17, 2017	Active Physician
Liu, Elaine, MD Reappointment Effective:	General Medicine March 18, 2015 thru March 17, 2017	Active Physician
Manikka, Ajayda MD Reappointment Effective:	Hospital Medicine March 13, 2015 thru March 12, 2017	Active Physician
Ngu, Lawrence N., MD Appointment Effective:	ACHN/General Medicine January 20, 2015 thru January 19, 2017	Active Physician
Riles, William L., MD Appointment Effective:	Gastroenterology March 19, 2015 thru March 18, 2017	Active Physician
Siwy, Grazyna J., MD Appointment Effective:	ACHN/General Medicine March 18, 2015 thru March 17, 2017	Active Physician
Tulaimat, Aiman, MD Appointment Effective:	Pulmonary/Critical Care March 18, 2015 thru March 17, 2017	Active Physician

Department of Oral Health

Alexander, Jorelle, DMD Reappointment Effective:	ACHN March 13, 2015 thru March 12, 2017	Active Dentist
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Department of Pediatrics

Davis, Vanessa, MD Reappointment Effective:	Endocrinology March 14, 2015 thru March 13, 2017	Active Physician
Genesan, Rani, MD Reappointment Effective:	Critical Care March 14, 2015 thru March 13, 2017	Voluntary Physician

Department of Psychiatry

Moreno, Michael, MD Reappointment Effective:	Psychiatry March 13, 2015 thru March 12, 2017	Active Physician
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Department of Radiology

Feng, Chun, MD Reappointment Effective:	Radiology February 24, 2015 thru February 23, 2017	Physician
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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 17, 2015

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Surgery

Babiuk, James J., DDS Reappointment Effective:	Oral & Maxillofacial January 23, 2015 thru January 22, 2017	Active Dentist
Chaudhry, Vivek, MD Reappointment Effective:	Colon/Rectal February 19, 2015 thru February 18, 2017	Active Physician
Smego, Douglas R., MD Reappointment Effective:	Cardiothoracic February 25, 2015 thru February 24, 2017	Active Physician

Medical Staff Additional Clinical Privileges:

Patel, Sanjay, MD	Internal Medicine at Correctional Health Services
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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 17, 2015

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle
President

Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer

Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

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Erica E. Marsh, MD MSCI

Carmen Velasquez

Dorene P. Wiese, EdD

Anwer Hussain, DO, FAAEM
President,
Medical Executive Committee
Provident Hospital
Of Cook County

February 9, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on February 3, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Anwer Hussain, DO
President, MEC



Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPLICATION

Gandhi, Seema, MD	Gastroenterology	Affiliate Physician
Appointment Effective:	February 17, 2015 thru October 28, 2016	

REAPPOINTMENT APPLICATIONS

Emergency Medicine

Plamoottil, Issac, DO	Emergency Medicine	Active Physician
Reappointment Effective:	April 15, 2015 thru April 14, 2017	
Roskam, Stephen, DO	Emergency Medicine	Active Physician
Reappointment Effective:	April 14, 2015 thru April 13, 2017	
Wakim, Pierre, DO	Emergency Medicine	Active Physician
Reappointment Effective:	April 13, 2015 thru April 12, 2017	

Internal Medicine

Attar, Bashar, MD	Gastroenterology	Affiliate Physician
Reappointment Effective:	February 17, 2015 thru February 16, 2017	
Edosomwan, Magnus, MD	Internal Medicine	Active Physician
Reappointment Effective:	March 15, 2015 thru March 14, 2017	

Non-Medical Staff Privileges:

Wyatt, Laura D., PA-C	Internal Medicine /Int. Med.	Physician Assistant
With Moswin, Arthur H., MD		
Alternate Charles, Lesley A., MD		
Effective:	February 28, 2015 thru February 27, 2017	

Agreement Items

Eneogwe, Joy C.P., CNP	Internal Medicine	Nurse Practitioner
With Hamb, Aaron, MD		
Effective:	February 17, 2015 thru December 11, 2015	

Prescriptive Authority Only

Walsh, Robert J., PA-C	Family Medicine	Physician Assistant
With Bradley, Juliet L., MD		
Alternate Rodriguez, Vimarie, MD		
Effective:	February 17, 2015 thru May 18, 2016	

Telemedicine Privilege Requests

Jain, Shelly, MD	Radiology / Virtual Radiologic	Teleradiologist
Effective:	February 17, 2015 thru February 16, 2017	
Mahmood, Omar A., MD	Radiology / Virtual Radiologic	Teleradiologist
Effective:	February 17, 2015 thru February 16, 2017	
Montella, Marc, MD	Radiology / Virtual Radiologic	Teleradiologist
Effective:	February 15, 2015 thru February 14, 2017	

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE

ON FEBRUARY 17, 2015